

ALL INFORMATION ON THIS SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5. MCGRAW HILL BOOK COMPANY, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Aiken
 Township of Ward
 OR
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
17365

Registration District No. 214 Registered No. 3
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edith Louis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 22, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jacob Louis

(9) PRESENT POSTOFFICE OF FATHER Fahuslow S C

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39
 (Years)

(12) BIRTHPLACE Edgfield S C

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Tilgachson

(15) PRESENT POSTOFFICE OF MOTHER Johnston S C

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38
 (Years)

(18) BIRTHPLACE Aiken S C

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. B. ...
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Wedgeburg S C

Given name added from a supplemental report

..... 19

Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 10, 1922 W. D. ... Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.